

Applicant Initiated Interview Request Form

Application No.: 10/717,028 First Named Applicant: Bo Li
 Examiner: Connie P. Johnson Art Unit: 1722 Status of Application: Pending

Tentative Participants:

(1) Connie P. Johnson (2) Sandra P. Thompson
 (3) _____ (4) _____

Proposed Date of Interview: _____ Proposed Time: _____ (AM/PM)

Type of Interview Requested:

(1) Telephonic (2) Personal (3) Video Conference

Exhibit To Be Shown or Demonstrated: YES

NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) Rej.	<u>1,3</u>	<u>US 2002/0068181</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Rej.	<u>11-13</u>	<u>US 2002/0068181</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Rej.	<u>18,26</u>	<u>US 2002/0068181</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Rej.	<u>28-31,37</u>	<u>US 2002/0068181</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[X] Continuation Sheet Attached

[] Proposed Amendment or Arguments Attached

Brief Description of Arguments to be Presented:

An interview was conducted on the above-identified application on _____.

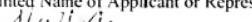
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 Applicant/Applicant's Representative Signature

Examiner/SPE Signature


 Type/Printed Name of Applicant or Representative


 Registration Number, if applicable

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If you need assistance in completing the form, call 1-800-PTO-9799 and select option 2.

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If yes, provide brief description: _____

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(2) <u>Rej.</u>	<u>11-13</u>	<u>US 2003/0091838</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <u>Rej.</u>	<u>18,26</u>	<u>US 2003/0091838</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) <u>Rej.</u>	<u>28-31,37</u>	<u>US 2003/0091838</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Connie P. Johnson

Applicant/Applicant's Representative Signature

Examiner/SPE Signature

Connie P. Johnson

Typed/Printed Name of Applicant or Representative

10/717,028

Registration Number, if applicable

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Tentative Participants:

(1) Connie P. Johnson (2) Sandra P. Thompson
 (3) _____ (4) _____

Proposed Date of Interview: _____ **Proposed Time:** _____ (AM/PM)

Type of Interview Requested:

(1) Telephone Personal Video Conference

Exhibit To Be Shown or Demonstrated: YES NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rej.</u>	<u>1,3,</u>	<u>6677392, /</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>Rej.</u>	<u>11-13</u>	<u>6557392</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <u>Rej.</u>	<u>18,26</u>	<u>6677392</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) <u>Rej.</u>	<u>28-31,37</u>	<u>6677392</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Connie P. Johnson

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Examiner/SPE Signature

Connie P. Johnson

Typed/Printed Name of Applicant or Representative

MCW

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(1) Telephone (2) Personal (3) Video Conference

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Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rej.</u>	<u>11-15,27</u>	<u>US 2007/0272123</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>Rej.</u>	<u>29-31,59</u>	<u>US 2007/0272123</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <u>Rej.</u>	<u>1,27</u>	<u>US 2009/0029145</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) <u>Rej.</u>	<u>29-31</u>	<u>US 2009/0029145</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Sandra Thompson

Applicant/Applicant's Representative Signature

Examiner/SPE Signature

Sandra Thompson

Typed/Printed Name of Applicant or Representative

ACLU

Registration Number, if applicable

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(2) <u>Rej.</u>	<u>11-15,27</u>	<u>WO 03/088343</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <u>Rej.</u>	<u>29-31,59</u>	<u>WO 03/088343</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) <u>Rej.</u>	<u>1,3,6</u>	<u>US 2007/0272123</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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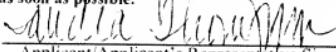
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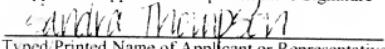
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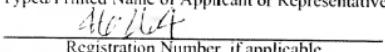
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(2) Rej.	<u>11-15, 27</u>	<u>6506497</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Rej.	<u>29- 31</u>	<u>6506497</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Rej.	<u>37, 59</u>	<u>6506497</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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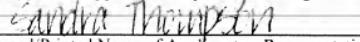
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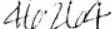


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(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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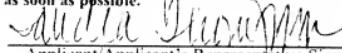
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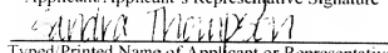
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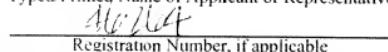
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